



United States Environmental Protection Agency
Washington, D. C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code 1N 25 NPDES 3M110000825 11 12 yr/mo/day 17 Inspection Type 18B Inspector 19R Fac Type 202

Remarks

Reserved

Facility Evaluation Rating

BI

QA

Reserved

67

69

70

71

72

73

74

75

80

Section B: Facility Data

Name and Location of Facility Inspected

Branson Plating Co.
135 Industrial Ave.
Branson, Michigan 49028

Entry Time ☐ AM ☐ PM

Permit Effective Date

1/23/85

Exit Time/Date

Permit Expiration Date

12/31/89

Name(s) of On-Site Representative(s)

~~Stanley Welch~~ Stanley Welch

Title(s)

President

Phone No(s)

(517) 369-2885

Name, Address of Responsible Official

Same

Title

Phone No.

Contacted

☐ Yes ☐ No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>N</u> Permit	<u>M</u> Flow Measurement	<u>N</u> Pretreatment	<u>S</u> Operations & Maintenance
<u>N</u> Records/Reports	<u>N</u> Laboratory	<u>N</u> Compliance Schedules	<u>N</u> Sludge Disposal
<u>S</u> Facility Site Review	<u>S</u> Effluent/Receiving Waters	<u>U</u> Self-Monitoring Program	<u>N</u> Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

1. Flow measurement accuracy is considered marginal due to the heavy foaming condition of the weir and level sensing sites.
2. The effluent to the stream appears relatively clear with a small amount of foam.
3. Self monitoring is considered unsatisfactory because the composite sample is not iced during the compositing process.
4. Some toxicity was detected, which was of an acute nature rather than chronic.
5. Algae growth was inhibited by 70.160
6. No mutagenic effects were detected

EPA Region 5 Records Ctr.



274152

Name(s) and Signature(s) of Inspector(s)

Philip E. Gehring

Agency/Office/Telephone

USEPA Reg I EDU

Date

4/17/86

Signature of Reviewer

Agency/Office

Date

Regulatory Office Use Only

Action Taken

Date

Compliance Status

☐ Noncompliance
☐ Compliance

NPDES No. MI0000825

Facility Name Bronson Plating Co

City and State Bronson, Michigan

Date of Inspection February 24, 1986

RECORDS, REPORTS, AND SCHEDULES CHECKLIST

A. PERMIT VERIFICATION

YES	NO	N/A	INSPECTION OBSERVATION CONTAINED IN PERMIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Correct name and mailing address of permittee.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Facility is as described in permit.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Notification has been given to EPA, State of new, different, increased discharges
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Accurate records of influent volume are maintained, when appropriate.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Number and location of discharge points are as described in the permit.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and location of receiving waters are correct.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. All discharges are permitted.

B. RECORDKEEPING AND REPORTING EVALUATION

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RECORDS AND REPORTS ARE MAINTAINED AS REQUIRED BY PERMIT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. All required information is available, complete and current; and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Information is maintained for required period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Analytical results are consistent with the data reported on the IMR's.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Sampling and Analysis Data are adequate and include:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Dates, times, location of sampling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Name of individual performing sampling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Analytical methods and techniques
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Results of analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Dates of analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Name of person performing analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Instantaneous flow at grab sample stations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Monitoring records are adequate and include
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Flow, pH, D.O., etc. as required by permit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Monitoring charts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Laboratory equipment calibration and maintenance records are adequate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Plant Records are adequate* and include
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. O&M Manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. "As-built" engineering drawings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Schedules and dates of equipment maintenance and repairs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Equipment supplies manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Equipment data cards

* Required only for facilities built with Federal construction grant funds

RECORDS, REPORTS, AND SCHEDULES CHECKLIST

B. Recordkeeping and Reporting Evaluation (continued)

YES	NO	N/A	8. Pretreatment records are adequate and included:
			a. Industrial Waste Ordinance (or equivalent documents)
			b. Inventory of industrial waste contributors, including:
			1. Compliance records
			2. User charge information
			9. SPCC properly completed, when required.
			10. Best Management Practices Program available, when required.

C. Compliance Schedule Status Review

		X	THE PERMITEE IS MEETING THE COMPLIANCE SCHEDULE
			1. The permittee has obtained necessary approvals to begin construction.
			2. Financing arrangements are completed.
			3. Contracts for engineering services has been executed.
			4. Design plans and specifications have been completed.
			5. Construction has begun.
			6. Construction is on schedule.
			7. Equipment acquisition is on schedule.
			8. Construction has been completed.
			9. Start-up has begun.
			10. The permittee has requested an extension of time.
			11. The permittee has met compliance schedule.

RECORDS, REPORTS, AND SCHEDULES CHECKLIST

D. POTW Pretreatment Requires Review

YES	NO	N/A	THE FACILITY IS SUBJECT TO PRETREATMENT REQUIREMENTS
			1. Status of POTW Pretreatment Program
			a. The POTW Pretreatment Program has been approved by EPA. (If not, is approval in progress? _____)
			b. The POTW is in compliance with the Pretreatment Program Compliance Schedule. (If not, what is due, and intent of the POTW to remedy)
			2. Status of Compliance with Categorical Pretreatment Standards.
			a. How many industrial users of the POTW are subject to Federal or State Pretreatment Standards? _____
			b. Are these industries aware of their responsibility to comply with applicable standards?
			c. Have baseline monitoring reports (403.12) been submitted for these industries?
			Have categorical industries in noncompliance (on EMR reports) submitted compliance schedules?
			d. How many categorical industries on compliance schedules are meeting the schedule deadlines? _____
			e. If compliance deadlines has passed, have all industries submitted 90 day compliance reports?
			f. Are all categorical industries submitting the required semiannual report?
			g. Are all new industrial discharges in compliance with new source pretreatment standards?
			h. Has the POTW submitted its annual pretreatment report?
			i. Has the POTW taken enforcement action against noncomplying industrial users?
			j. Is the POTW conducting inspections of industrial contributors?
			3. Are the industrial users subject to Prohibited Limits (403.5) and local limits more stringent than EPA in compliance? (If not, explain why, including need for revision limits.)

FACILITY SITE REVIEW CHECKLIST

YES	NO	N/A	
		<input checked="" type="checkbox"/>	1. Standby power or other equivalent provision is provided.
			2. Adequate alarm system for power or equipment failures is available.
			3. POTW handles and disposes of sludge according to applicable Federal, State, and local regulators.
			4. All treatment units, other than back-up units, are in service.
			5. Procedures for facility operation and maintenance exist.
			6. Organization plan (chart) for operation and maintenance is provided.
			7. Operating schedules are established.
			8. Emergency plan for treatment control is established.
			9. Operating management control documents are current and include
			a. Operating report
			b. Work schedule
			c. Activity report (time cards)
			10. Maintenance record system exists and includes:
			a. As-built drawings
			b. Shop drawings
			c. Construction specifications
			d. Maintenance history
			e. Maintenance costs
			11. Adequate number of qualified operators are on hand.
			12. Established procedures are available for training new operators.
			13. Adequate spare parts and supplies inventory and major equipment specifications are maintained.
			14. Instruction files are kept for operation and maintenance of each item of major equipment.
		<input checked="" type="checkbox"/>	15. Operation and maintenance manual is available.
		<input checked="" type="checkbox"/>	16. Regulatory agency was notified of bypassing. (Dates _____)

FACILITY SITE REVIEW CHECKLIST

YES	NO	N/A	
		(N/A)	17. Hydraulic and/or organic overloads are experienced. Reason for overloads _____ _____ _____ _____
			18. Up-to-date equipment repair records are maintained
			19. Dated tags show out of service equipment.
			20. Routine and preventive maintenance are scheduled, performed on time.

PERMITTEE SAMPLING INSPECTION CHECKLIST

A. Permittee Sampling Evaluation

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Samplings are taken at sites specified in permit.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Locations are adequate for representative samples.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Flow proportioned samples are obtained where required by permit.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Sampling and analysis completed on parameters specified by permit.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Sampling and analysis done in frequency specified by permit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Permittee is using method of sample collection required by permit. Required Method: <u>Composite</u> If not, method being used is: <input type="checkbox"/> Grab <input type="checkbox"/> Manual composite <input type="checkbox"/> Automatic composite
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Sample collection procedures are adequate:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Samples refrigerated during compositing
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Proper preservation technique used
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Container and sample holding times before analyses conform with 40 CFR 136.3
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Monitoring and analyses are performed more often than required by permit. If so, results reported in permittee's self-monitoring report.

B. Sampling Inspection Procedures and Observations

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Grab samples obtained
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Composite sample obtained Composite frequency _____ Preservation _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Sample refrigerated during compositing.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Flow proportioned sample obtained.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Sample obtained from facility sampling device.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Sample representative of volume and nature of discharge.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Sample split with permittee.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Chain of custody procedures employed.

FLOW MEASUREMENT

A. Flow Measurement Inspection Checklist-General

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Primary flow measurement device is properly installed and maintained.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Flow records are properly kept.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Sharp drops or increases in flow value are accounted for
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Actual flow discharge is measured.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Influent flow is measured before all return lines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Effluent flow is measured after all lines.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Secondary instruments (totalizers, recorders, etc.) are properly operated and maintained
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Spare parts are stocked.

B. Flow Measurement Inspection Checklist-Flumes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Cross-section velocities at entrance are relatively uniform.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Flume is clean and is free of debris or deposits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. All dimensions of flume are accurate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Side walls of flume are vertical and smooth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Sides of flume throat are vertical and parallel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Flume head is being measured at proper location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Measurement of flume head is zeroed to flume crest.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Flume is of proper size to measure range of existing flow.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Flume is operating under free-flow conditions over existing range of flows.

FLOW MEASUREMENT

C. Flow Measurement Inspection Checklist - Weirs

			1. What type of weir is being used? <i>90° V-notch</i>
YES	NO	N/A	2. The weir is exactly level.
		X	3. The weir plate is plumb and its top edges are sharp and clean.
			4. There is free access for air below the nappe of the weir. <i>couldn't tell under the foam</i>
	X		5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
	X		6. The stilling basin of the weir is of sufficient size and clear of debris. <i>(foam)</i>
		X	7. Head measurements are properly made by facility personnel.
		X	8. Proper flow tables are used by facility personnel.

D. Flow Measurement Inspection Checklist - Other Flow Devices

			1. Type of flowmeter used: _____
			2. What are the most common problems that the operator has had with the flowmeter? _____ _____
			3. Measure Wastewater flow: _____ mgd; Recorded flow: _____ mgd; Error _____ %
			4. Design flow: _____ mgd.
			5. Flow totalizer is properly calibrated.
			6. Frequency of routine inspection by proper operator: _____ /day.
			7. Frequency of maintenance inspections by plant personnel: _____ /year.
			8. Frequency of flowmeter calibration: _____ /month.
			9. Flow measurement equipment adequate to handle expected ranges of flow rates.
			10. Venturi meter is properly installed and calibrated.
			11. Electromagnet flowmeter is properly calibrated.

LABORATORY QUALITY ASSURANCE CHECKLIST

A. General

YES	NO	N/A	1. Written laboratory quality assurance manual is available.
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B. Laboratory Procedures

			1. EPA approved analytical testing procedures are used.
			2. If alternative analytical procedures are used, proper approval has been obtained.
			3. Calibration and maintenance of instruments and equipment is satisfactory.
			4. Quality control procedures are used.
			5. Quality control procedures are adequate.
			6. Duplicate sample are analyzed _____ % of time.
			7. Spiked samples are used _____ % of time.
			8. Commercial laboratory is used: Name: _____ Address: _____ Contact: _____ Phone: _____

C. Laboratory Facilities and Equipment

			1. Proper grade distilled water is available for specific analysis.
			2. Dry, uncontaminated compressed air is available
			3. Fume hood has enough ventilation capacity.
			4. The laboratory has sufficient lighting.
			5. Adequate electrical sources are available.
			6. Instruments/equipment are in good condition.
			7. Written requirements for daily operation of instruments are available.

LABORATORY QUALITY ASSURANCE CHECKLIST (continued)

C. Laboratory Facilities and Equipment (continued)

YES	NO	N/A	
		<input checked="" type="checkbox"/>	8. Standards are available to perform daily check procedures.
		<input checked="" type="checkbox"/>	9. Written trouble-shooting procedures for instruments are available.
		<input checked="" type="checkbox"/>	10. Schedule for required maintenance exists.
		<input checked="" type="checkbox"/>	11. Proper volumetric glassware is used.
		<input checked="" type="checkbox"/>	12. Glassware is properly cleaned.
		<input checked="" type="checkbox"/>	13. Standard reagents and solvents are properly stored.
		<input checked="" type="checkbox"/>	14. Working standards are frequently checked.
		<input checked="" type="checkbox"/>	15. Standards are discarded after shelf life has expired.
		<input checked="" type="checkbox"/>	16. Background reagents and solvents run with every series of samples.
		<input checked="" type="checkbox"/>	17. Written procedures exist for cleanup, hazardous response methods, and applications of correction methods for reagents and solvents.
		<input checked="" type="checkbox"/>	18. Gas cylinders are replaced at 100-200 psi.

D. Laboratory's Precision, Accuracy, and Control Procedures

		<input checked="" type="checkbox"/>	1. A minimum of seven replicates is analyzed for each type of control check and this information is on record.
		<input checked="" type="checkbox"/>	2. Plotted precision and accuracy control charts are used to determine whether valid, questionable, or invalid data are being generated from day to day.
		<input checked="" type="checkbox"/>	3. Control samples are introduced into the train of actual samples to ensure that valid data is being generated.
		<input checked="" type="checkbox"/>	4. The precision and accuracy of the analyses are good.

LABORATORY QUALITY ASSURANCE CHECKLIST (continued)

E. Data Handling and Reporting

YES	NO	N/A	
		<input checked="" type="checkbox"/>	1. Round-off rules are uniformly applied.
		<input checked="" type="checkbox"/>	2. Significant figures are established for each analysis.
		<input checked="" type="checkbox"/>	3. Provision for cross-checking calculations is used.
		<input checked="" type="checkbox"/>	4. Correct formulas are used to reduce to simplest factors for quick, correct calculations.
		<input checked="" type="checkbox"/>	5. Control chart approach and statistical calculations for quality assurance and report are available and followed.
		<input checked="" type="checkbox"/>	6. Report forms have been developed to provide complete data documentation and permanent records and to facilitate data processing.
		<input checked="" type="checkbox"/>	7. Data are reported in proper form and units.
		<input checked="" type="checkbox"/>	8. Laboratory records are kept readily available to regulatory agency for required period of time.
		<input checked="" type="checkbox"/>	9. Laboratory notebook or preprinted data forms are permanently bound to provide good documentation.
		<input checked="" type="checkbox"/>	10. Efficient filing system exists enabling prompt channeling of report copies.

F. Laboratory Personnel

		<input checked="" type="checkbox"/>	1. The analyst has appropriate training
		<input checked="" type="checkbox"/>	2. The analyst follows the specified procedures
		<input checked="" type="checkbox"/>	3. The analyst is skilled in performing analyses